

Indexing Instructions:

After Recording Mail To:

Diane H. Engles
9034 Moss Point Drive
Southaven, Mississippi 38671

This instrument was prepared by:

Diane H. Engles
9034 Moss Point Drive
Southaven, Mississippi 38671

662-280-2509

28582717

**Recording Requested by &
When Recorded Return To:**

US Recordings, Inc.
2925 Country Drive Ste 201
St. Paul, MN 55117

QUITCLAIM DEED

TITLE OF DOCUMENT

Grantor's Name(s), Address & Phone:

Diane H. Engles, surviving spouse of Cecil H.
Engles, also known as Cecil Harold Engles, as per
attached certified copy of Certificate of Death

9034 Moss Point Drive
Southaven, Mississippi 38671

(H) (662) 280-2509

(B) (901) 681-9080 x 1664

Grantee's Name(s), Address & Phone:

Diane H. Engles, an unmarried woman

9034 Moss Point Drive

Southaven, Mississippi 38671

(H) (662) 280-2509

(B) (901) 681-9080 x 1664

IN CONSIDERATION of the sum of ONE AND NO/100 DOLLARS (\$1.00) and other good and valuable consideration, the undersigned Grantor(s) do hereby sell, convey and quitclaim unto Diane H. Engles, an unmarried woman, as Grantee, the following described land situated in De Soto, Mississippi:

SEE EXHIBIT "A" ATTACHED HERETO AND BY THIS REFERENCE MADE A PART HEREOF.

MORE commonly known as: 9034 Moss Point Drive, Southaven, Mississippi 38671

Prior Recorded Doc. Ref.: Deed: Recorded: September 02, 1977; BK 131, PG 109

Subject To: Restrictions, Conditions, Covenants, Rights, Rights of Way, and Easements now of record, if any.

When the context requires, singular nouns and pronouns, include the plural.

US Recordings *enw*

u

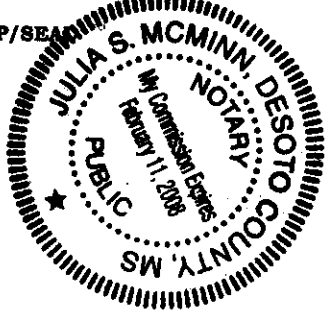
Witness our signatures, this 16th day of Nov., 2005

Diane H. Engles
Diane H. Engles

STATE OF Mo
COUNTY OF Desoto ss

Personally appeared before me, the undersigned authority in and for the said county and state, on this 16th day of Nov., 2005, within my jurisdiction, the within named, **Diane H. Engles** who acknowledged that he/she/they executed the above and foregoing instrument on the above and forgoing instrument.

NOTARY STAMP/SEAL



Julia S. McMin
NOTARY PUBLIC
MY Commission Expires: 2/11/08

Julia S. McMin

EXHIBIT "A"
LEGAL DESCRIPTION

THE FOLLOWING DESCRIBED REAL PROPERTY SITUATE IN THE CITY OF SOUTHAVEN, COUNTY OF DESOTO, AND STATE OF MISSISSIPPI, TO WIT:

THE LAND IN DESOTO COUNTY, MISSISSIPPI, DESCRIBED AS FOLLOWS, TO-WIT:

LOT 75, SEC. "A", IN SOUTHAVEN SUBDIVISION ON SEC. 14, TOWNSHIP 1 SOUTH, RANGE 8 WEST AS SHOWN BY THE PLAT RECORDED IN PLAT BOOK 2, PAGES 4 & 5 IN THE OFFICE OF THE CHANCERY CLERK OF SAID COUNTY, BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A POINT IN THE EAST LINE OF MOSS POINT DRIVE 99.77 FEET NORTHWARDLY FROM THE POINT OF INTERSECTION OF SAID EAST LINE AND THE NORTH LINE OF STATE LINE ROAD; THENCE NORTHWARDLY 70.0 FEET WITH THE EAST LINE OF MOSS POINT DRIVE TO A POINT, THE SOUTHWEST CORNER OF LOT 74; THENCE EASTWARDLY 127.45 FEET WITH THE SOUTH LINE OF LOT 74 TO A POINT IN THE WEST LINE OF LOT 73; THENCE SOUTHWARDLY 70.0 FEET WITH THE WEST LINE OF LOTS 73 AND 77 TO A POINT, THE NORTHEAST CORNER OF LOT 76; THENCE WESTWARDLY 127.45 FEET WITH THE NORTH LINE OF LOT 76 TO THE POINT OF BEGINNING. AS PER SURVEY BY ACME SURVEY COMPANY, DATED JULY 24, 1977.



U28582717-010P03

QUIT CLAIM DEED
LOAN# 2005195351
US Recordings

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

U28582717-020P01

CERTIFICATE OF Death

LOAN# 2005195351

US Recordings

TYPE OR PRINT WITH BLACK INK		FILING DATE		CERTIFICATE OF DEATH		STATE FILE NUMBER	
DECEASED		MAR 26 1999		STATE OF MISSISSIPPI		123-	
1. NAME		First Middle Last		2. SEX		3a. HOUR OF DEATH	
Oecil Harold Engles		Male		3b. DATE OF DEATH (Month, Day, Year)		March 13, 1999	
4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year)	
White		54 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		7a. COUNTY OF DEATH	
Southaven		9034 Moss Point		November 13, 1944		DeSoto	
7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT. OUTPT. EMER. RM OR DOW		8. STATE OF BIRTH	
Southaven		9034 Moss Point				Arkansas	
9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
Elem/High School College		Married		Diane Hart		No	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done, most of working life)		15b. KIND OF BUSINESS OR INDUSTRY	
American		432-80-5992		Switcher		Roadway Express	
16a. RESIDENCE—STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)	
Mississippi		DeSoto		Southaven		Yes	
17. FATHER—NAME		18. MOTHER—NAME		19. STREET AND NUMBER OF RURAL LOCATION		20. STREET AND NUMBER OF RURAL LOCATION	
UNKNOWN		Rosalie Engles		9034 Moss Point		9034 Moss Point	
INFORMANT		19a. INFORMANT—NAME (Type or print)		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
Diane Hart Engles		9034 Moss Point Southaven, MS 38671					
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY—NAME		20c. LOCATION (City and State)	
Burial		Twin Oaks Memorial Gardens		Southaven, MS		Tina H. Peckham-0789	
21a. FUNERAL HOME—NAME AND MISSISSIPPI I.D. NUMBER		21b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		21d. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)	
Twin Oaks Funeral Home 17 T		290 Goodman Road East, Southaven, MS 38671					
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH—NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour, AT)	
Aline Thompson, R.N.		ON 3/13/1999		300A m.			
CERTIFIER		23a. CERTIFIER—NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
Jeffery Pouders		4942 Pouders Road Nesbit, MS 38651					
24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24d. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated	
SIGNATURE		MO		SIGNATURE		24e. TITLE	
DeSoto ONE		March 19, 1999					
24f. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year)		24h. DATE SIGNED (Month, Day, Year)		24i. DATE SIGNED (Month, Day, Year)	
		March 19, 1999					
CAUSE OF DEATH		25. PART I: IMMEDIATE CAUSE (Enter one cause only)		25a. IMMEDIATE CAUSE (Enter one cause only)		Interval between onset and death	
Cancer Of Lungs & Brain		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)				Interval between onset and death	
(b)		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)				Interval between onset and death	
(c)		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only)				Interval between onset and death	
26. PART II: OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)		29. DATE OF INJURY (Month, Day, Year)	
NO		NO		YES		m.	
29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
Injury at work		29f. PLACE OF INJURY (Specify Home, Farm, Street, Facility, Office building, etc.)		29g. LOCATION		Street or route number City or town State	
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Facility, Office building, etc.)		29g. LOCATION		Street or route number City or town State	

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

F. E. Thompson, Jr., M.D., M.P.H.
STATE HEALTH OFFICER

MAR 27 99

Nita Cox Hunter
STATE REGISTRAR

WARNING:

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